Arizona Department Of Health Services Regional Contractors Policy And Procedures Manual Office For Children With Special Health Care Needs Children's Rehabilitative Services 60.00 Grievance, Appeal, and Hearing

Letter #4

Request for Extension of Appeal Resolution Time Frame Letter (On Regional Contractor letterhead)

If you have trouble reading this notice because the letters are too small or the words are hard to read, please call our office at XXX-XXXX and someone will assist you.

Si usted tiene dificultades leyendo este aviso porque las letras son demasiado pequeñas o las palabras son muy dificil para leer, favor de llamarnos al xxxxxx y alguien le asistirá.

XXX-XXX-XXXX or (800) XXX-XXXX

Date

(Name of person filing the appeal Address City, State, Zip)

RE: (CRS Member Name, Member # & AHCCCS # if applicable)

Dear (Name):

We would like to take up to 14 extra days to look into your appeal.). These extra days to make a decision benefit you by allowing us to have more complete information about the services you want given. We will make every effort to complete our review as soon as possible. We will take no longer than a total of 44 days from the day we received your appeal.

On behalf of (*Phoenix, Tucson, Flagstaff, Yuma*) CRS, thank you for your patience and understanding. You can contact XXXXXXXX, at (602) 000-0000 if you have any questions regarding this issue.

Sincerely,

XXXXXXXXXX Name and credentials Title Cc: XXXX

Effective Date: 11/15/2007